

# EXHIBIT

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**NFL****CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)**NOTICE OF AUDIT OF CLAIM****DATE OF NOTICE: November 17, 2017****RESPONSE DATE: December 18, 2017****I. SETTLEMENT CLASS MEMBER INFORMATION****Settlement Program ID**

900003916

**Name:**

First

M.I.

Last

**Settlement Class Member Type**

Retired NFL Football Player

**Primary Counsel**

X1Law, PA

**II. EXPLANATION AND REQUEST FOR INFORMATION**

This Notice is an official communication from the Claims Administrator for the NFL Concussion Settlement Program. Your claim has been selected for audit under Section 10.3 of the Settlement Agreement. Because we have selected your claim for audit, all deadlines for us to process your claim under the Settlement Agreement are suspended until we complete the audit. If we already have issued a determination notice for your claim and the deadline to appeal the determination has not yet expired, or if you have already appealed the determination, your right to appeal will be preserved and we will stay the appeal process. After we conclude the audit, we will issue a new determination notice for any claim not yet in the appeal process, and for any claim in the appeal process, we will resume processing the appeal.

We need the information and/or records in this table so that we can complete the audit and continue processing your claim:

	What is Needed	Explanation
1.	Complete and submit to the Program the attached Health Care Provider History Form.	Under Section 10.3 of the Settlement Agreement, the Claims Administrator may require that a Settlement Class Member submit additional information as may be necessary and appropriate to audit a claim. We need a list of all health care providers seen by you in the last five years, so that we can verify your claim.
2.	Complete and submit to the Program the attached HIPAA Authorization Form for Disclosure of Protected Health Information. You should leave the Medical Provider Information section of the Form blank. We will complete this section of the Form when we obtain any necessary medical records.	Under Section 10.3 of the Settlement Agreement, the Claims Administrator may require that a Settlement Class Member submit additional information as may be necessary and appropriate to audit a claim. We need this Authorization Form so that we can obtain your medical records directly from a health care provider.
3.	Complete and submit to the Program the attached Employment History Form	Under Section 10.3 of the Settlement Agreement, the Claims Administrator may require that a Settlement Class Member submit additional information as may be necessary and appropriate to audit a claim. We need a list of all your employers in the last five years, so that we can verify your claim.

**III. HOW TO RESPOND TO THIS NOTICE**



Please provide the information and/or records identified in Section II of this Notice by the Response Date stated at the top of this Notice. We may determine that we need additional information based on your response to this Notice and may send you a Follow-Up Notice requesting additional information and/or records. **If you unreasonably fail or refuse to provide us with all records and information identified in Section II of this Notice, we will deny your claim under Section 10.3(b)(ii) of the Settlement Agreement without right to an appeal.** Submit your information using one of these methods:

<b>By Using the Secure Online Portal:</b> (must be submitted by midnight on or before the response date)	Click the Search feature on your online portal and find the Settlement Class Member for whom you are responding. Then select the Documents hyperlink, click the Upload button, and select the appropriate document name to submit your information and/or records.
<b>By Mail:</b> (must be postmarked on or before the response date)	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
<b>By Delivery:</b> (must be placed with the carrier on or before the response date)	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

If you would like to receive and submit forms like this one electronically online rather than on paper, go to [www.NFLConcussionSettlement.com/Login.aspx](http://www.NFLConcussionSettlement.com/Login.aspx), click the Create New User button and follow the instructions there to establish a secure online portal account with us.

#### IV. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you are represented by a lawyer, consult with your lawyer if you have questions or need assistance. If you are unrepresented and have any questions about this Notice or need help, contact us at 1-855-887-3485 or send an email to [ClaimsAdministrator@NFLConcussionSettlement.com](mailto:ClaimsAdministrator@NFLConcussionSettlement.com). If you are a lawyer, call or email your designated Firm Contact for assistance. For more information about the Settlement Program, visit the official website at [www.NFLConcussionSettlement.com](http://www.NFLConcussionSettlement.com) to read the Frequently Asked Questions or download a copy of the complete Settlement Agreement.

**NFL****CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)**HEALTH CARE PROVIDER HISTORY FORM****I. RETIRED NFL FOOTBALL PLAYER INFORMATION**

<b>Settlement Program ID</b>		900003916		
<b>Player Name</b>	First	M.I.	Last	Suffix

**II. HEALTH CARE PROVIDERS**

Provide the following information for all health care providers seen by the Retired NFL Football Player in the last five years. If you need more space, attach supplemental pages.

1.	<b>Name:</b>				
	<b>Specialty:</b>				
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
2.	<b>Name:</b>				
	<b>Specialty:</b>				
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
3.	<b>Name:</b>				
	<b>Specialty:</b>				
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
4.	<b>Name:</b>				
	<b>Specialty:</b>				
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone



5.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone
6.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone
7.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone
8.	Name:				
	Specialty:				
	Address:	Street			
		City	State	Zip Code	Phone

### III. HOW TO SUBMIT THIS FORM

Submit this Form using one of these methods:

By Using the Secure Online Portal:	Click the Search feature on your online portal and find the Settlement Class Member for whom you are responding. Then select the Documents hyperlink, click the Upload button, and select Healthcare Provider History Form to submit this completed Form.
By Mail:	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Delivery:	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

**NFL****CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)**AUDIT PROCESS HIPAA AUTHORIZATION FORM**

This Form authorizes the disclosure of "Protected Health Information" as that term is defined in 45 C.F.R. § 160.103. Protected Health Information includes, but is not limited to, information regarding the Retired NFL Football Player's medical care, treatment, physical or mental condition, and medical expenses. By signing and submitting this Form, I authorize the Medical Provider(s) identified in Section I to release all Protected Health Information regarding my (or the Retired NFL Football Player's, if signed by a Representative Claimant) medical care, treatment, physical and mental condition, and medical expenses, to BrownGreer PLC (250 Rocketts Way Richmond, VA 23231), the Claims Administrator in the *In re: National Football League Players' Concussion Injury Litigation* Settlement Program. These records will be used or disclosed solely in connection with the NFL Concussion Settlement Program involving the Retired NFL Football Player named in Section II.

**I. MEDICAL PROVIDER INFORMATION**

<b>Provider Name</b>			
<b>Provider Address</b>	Street	Suite/Unit	
	City	State	Zip Code

**II. RETIRED NFL FOOTBALL PLAYER**

Enter the Retired NFL Football Player's information in this Section II.

<b>Settlement Program ID</b>		900003916		
<b>Player Name</b>	First	M.I.	Last	Suffix
<b>Social Security Number, Taxpayer ID or Foreign ID Number</b> (if Retired NFL Football Player is not a U.S. Citizen) <b>of Retired NFL Football Player</b> (if known)		or		
<b>Date of Birth of Retired NFL Football Player</b>		(Month/Day/Year)		

**III. AUTHORIZATION**

By signing below, I acknowledge and understand all of the following:

- I have the right to revoke this authorization at any time. If I wish to revoke the authorization, I must do so in writing and must provide my written revocation to the Claims Administrator. The written revocation must be signed and dated. The revocation will not apply to any disclosures that already have been made in reliance on this authorization prior to the date upon which the Claims Administrator receives my written revocation.
- My authorization of the disclosure of the subject Retired NFL Football Player's Protected Health Information is voluntary, which means I can refuse to sign this Form. I do not need to sign this Form to obtain health treatment from any medical provider or to enroll in or be eligible for any health plan benefits. However, I recognize that if I do not sign this Form and submit it to the Claims Administrator, my claim(s) may be denied under the terms of the Settlement Agreement.



3. Any Protected Health Information or other information released to the Claims Administrator may be disclosed to the Special Master, BAP Administrator, Appeals Advisory Panel members, Appeals Advisory Panel Consultants, the Court, Class Counsel, Counsel for the NFL Parties, and the NFL Parties (including the NFL Parties' insurers or reinsurers), may be subject to re-disclosure by such person/entity, and may no longer be protected by applicable federal and state privacy laws. Each of those persons and entities, however, is permitted to use and disclose your information only in accordance with this Form, the Settlement Agreement, a contract executed pursuant to the Settlement Agreement, orders of the Court, and/or applicable law.
4. My Protected Health Information may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome ("AIDS"), or human immunodeficiency virus ("HIV"), behavioral or mental health services and treatment for alcohol and drug abuse.
5. This Form is valid from the date of my signature in Section IV until the date that the Claims Administrator performs the last act to process the claim for a Monetary Award that I submitted with this Form.
6. I have a right to receive and retain a copy of this Form.
7. Any photostatic copy of this Form shall have the same authority as the original, and may be substituted in its place.

#### IV. SIGNATURE

The Retired NFL Football Player or Representative Claimant of the Retired NFL Football Player named in Section II must sign and date this Form below. **By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this HIPAA Authorization Form is true and correct to the best of my knowledge, information and belief.**

Signature				Date		
Printed Name	First	M.I.	Last	Suffix		

#### V. HOW TO SUBMIT THIS FORM

Submit this Form using one of these methods:

By Using the Secure Online Portal:	Click the Search feature on your online portal and find the Settlement Class Member for whom you are responding. Then select the Documents hyperlink, click the Upload button, and select Audit Process HIPAA Authorization Form to submit this completed Form.
By Mail:	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Delivery:	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

4.	<b>Employer:</b>				
	<b>Position:</b>		<b>Dates of Employment:</b>		
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
<b>Duties:</b>					

### III. HOW TO SUBMIT THIS FORM

Submit this Form using one of these methods:

<b>By Using the Secure Online Portal:</b>	Click the Search feature on your online portal and find the Settlement Class Member for whom you are responding. Then select the Documents hyperlink, click the Upload button, and select Employment History Form to submit this completed Form.
<b>By Mail:</b>	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
<b>By Delivery:</b>	NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231



**NFL****CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)**EMPLOYMENT HISTORY FORM****I. RETIRED NFL FOOTBALL PLAYER INFORMATION**

<b>Settlement Program ID</b>		900003916		
<b>Player Name</b>	<b>First</b>	<b>M.I.</b>	<b>Last</b>	<b>Suffix</b>

**II. PAST AND CURRENT EMPLOYERS**

Provide the following information for all employers of the Retired NFL Football Player in the last five years. If you need more space, attach supplemental pages.

<b>1.</b>	<b>Employer:</b>				
	<b>Position:</b>		<b>Dates of Employment:</b>		
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
	<b>Duties:</b>				
<b>2.</b>	<b>Employer:</b>				
	<b>Position:</b>		<b>Dates of Employment:</b>		
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
	<b>Duties:</b>				
<b>3.</b>	<b>Employer:</b>				
	<b>Position:</b>		<b>Dates of Employment:</b>		
	<b>Address:</b>	Street			
		City	State	Zip Code	Phone
	<b>Duties:</b>				